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| maintenance fee notifica | ations. | 2.00 1, 0, (2) 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | .g | | auto 122 NDDRESS 101 | | |
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| | KOENIG, P.C. A, SUITE 1600 H STREET | OIB | I hereby certify the States Postal Service addressed to the I transmitted to the U | Certificate of Mailing or Trans at this Fec(s) Transmittal is bein ice with sufficient postage for fir Mail Stop ISSUE FEE address USPTO (571) 273-2885, on the o | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. | | |
| 3/16/EVVD BHBKHNHE V | 0000001 10764037 | 3 MAK 1 5 20 | Robert | J. Ballarini | (Depositor's name) | | |
| FC:2501 | 700.00 OP 300.00 OP | 18 | Coloret //c | Jallo- | (Signature) | | |
| 2 FC:1504 3 FC:8001 | 30.00 OP | VA TO | 3/13/ | 06 | (Date) | | |
| APPLICATION NO. | FILING DATE | FIRST NAM | MED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| 10/764,097 | 01/23/2004 | Uw | e Brauch | SMB-PT088 (P 03 486 M | 8553 | | |
| TITLE OF INVENTION | I: MAGNETIC STIRRER WITI | I A STIRRING DRIVE IN T | HE FORM OF MAGNETIC C | coils US) | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| nonprovisional | YES | \$700 | \$300 | \$1000 | 04/18/2006 | | |
| E | KAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| SORK | IN, DAVID L | 1723 | 366-273000 | | | | |
| ☐ "Fee Address" inc PTO/SB/47; Rev 03- Number is required | condence address (or Change of B/122) attached. lication (or "Fee Address" Indication or "Fee Address" Indication or more recent) attached. Use | tion form register 2 register 2 regist listed, r | ts OR, alternatively, name of a single firm (having ed attorney or agent) and the r ered patent attorneys or agents to name will be printed. NT (print or type) | names of up to | | | |
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| _ ` ` | tus (from status indicated above as SMALL ENTITY status. See | · | olicant is no longer claiming SM | MALL ENTITY status. See 37 C | FR 1.27(g)(2). | | |
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| Authorized Signature | Wobert Da | lle | Date | 3/13/06 | | | |
| Typed or printed name | c Robert J. Ba | llarini | Registrat | tion No. 48,684 | | | |
| an application. Confident submitting the complete this form and/or suggest | tiality is governed by 35 U.S.C. d application form to the USPT ions for reducing this burden, sl/irginia 22313-1450. DO NOT | 122 and 37 CFR 1.14. This O. Time will vary depending could be sent to the Chief Inf | collection is estimated to take upon the individual case. An ormation Officer U.S. Patent | by the public which is to file (an 12 minutes to complete, including comments on the amount of tiand Trademark Office, U.S. Deptess. SEND TO: Commissioner | ng gathering, preparing, and me you require to complete partment of Commerce, P.O. | | |

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/764,097 TRANSMITTAL Filing Date January 23, 2004 First Named Inventor **FORM** Brauch et al. Art Unit 1723 **Examiner Name** David L. Sorkin (to be used for all correspondence after initial filing) Attorney Docket Number SMB-PT088 (P 03 486 M US) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC $|\mathsf{X}|$ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Form PTOL-85 Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VOLPE AND KOENIG. P.C. Signature Printed name Robert J. Ballarini Date Reg. No. 48,684 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name Robert J. Ballarini

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|---|---------------|----------------------|----------------------------|---|
| | | Application Number | 10/764,097 | |
| FEE TRAN | SWILLAL | Filing Date | January 23, 2004 | |
| For FY | 2005 | First Named Inventor | Brauch et al. | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Examiner Name | David L. Sorkin | |
| | | Art Unit | 1723 | Τ |
| TAL AMOUNT OF PAYMENT | (\$) 1.030.00 | Atterney Dealest No. | CMP DTOOR (D OR 400 M LIC) | _ |

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| Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C. | | | | | | | |
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| | DOLL AND | EVARINIATIO | W EEEO | | | | |
| 1. BASIC FILING, SEA | FILING | | SEARCI | | | TION FEES | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEI Fee Description Each claim over 20 or, f Each independent claim Multiple dependent claim | or Reissues over 3 or, f | | | | | | Fee (\$) Small Entity Fee (\$) Fee (\$) 50 25 ent 200 100 360 180 |
| Total Claims | Extra Claim | s Fee (\$) | Fee Pai | id (\$) | Multiple De | ependent Claim | |
| - = | | _ x | = 0.00 | | Fee (\$) | Fee Pa | id (\$) |
| HP = highest number of total Indep. Claims - = HP = highest number of inde | Extra Claim | <u>s Fee (\$)</u> x | Fee Pai = 0.00 | <u>d (\$)</u> | | 0.00 | |
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| SUBMITTED BY | 1. | 1 00 | | | | |
|-------------------|--------------|----------|--|-----------|-------|----------|
| Signature | Kobert | Dallain | Registration No. 48,684 (Attorney/Agent) | Telephone | 215-5 | 568-6400 |
| Name (Print/Type) | Robert J. Ba | allarini | | Date 3 | 13/ | 06 |

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